

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)

SERIAL NO. 09/868656

FILING DATE

APPLICANT'S

CLAMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3	2						53		
4	52						54		
5	24P						55		
6	42						56		
7	2P						57		
8	42						58		
9	2P						59		
10	42						60		
11	24P						61		
12							62		
13							63		
14							64		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	19	↓	↓	↓	↓		TOTAL DEP.	↓	↓
TOTAL CLAIMS	20	████████	████████	████████	████████		TOTAL CLAIMS	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS